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AMERSHAM RURAL DISTRICT COUNCIL



REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

FOR THE YEAR 1965

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ORIGINAL ARTICLES

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
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AMERSHAM RURAL DISTRICT COUNCIL

Chairman:

Mr. H. A. R. BARNETT, J.P.
(At 31st December, 1965)

PUBLIC HEALTH COMMITTEE (At 31st December, 1965)

Chairman:

Mr. W. D. YOUNG

Vice-Chairman:

Mr. A. R. RODGERS

Councillors:

Mr. H. A. R. BARNETT
Mrs. E. G. BROWN
Mrs. N. C. CRAUFORD
Mrs. M. J. HECTOR-JONES
Mr. A. R. HUMPHREYS
Mr. S. C. PITTMAN
Mrs. E. STEVENS
Mr. R. B. SUTTON
Mr. C. R. M. THOMAS
Mr. G. O. TURNER

PUBLIC HEALTH OFFICERS (At 31st December, 1965)

Medical Officer of Health:

Dr. B. H. BURNE, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.
(Appointed September 1965)

The Medical Officer of Health is also Medical Officer of Health for Chesham Urban District Council and Beaconsfield Urban District Council; Deputy Divisional School Medical Officer.

Deputy Medical Officer of Health:

Dr. W. J. RISK, M.B., CH.B.
(Appointed September 1965)

Chief Public Health Inspector:

Mr. F. G. CAUDERY, F.A.P.H.I., M.R.S.H.
(Certified Meat and Food Inspector)

Deputy Chief Public Health Inspector:

Mr. W. E. JONES, M.A.P.H.I.
(Certified Meat and Food Inspector)

Additional Public Health Inspectors:

Mr. R. POWELL, M.A.P.H.I.
(Certified Meat and Food Inspector)

Mr. H. H. COMETSON, M.A.P.H.I.
(Certified Meat and Food Inspector)

Mr. G. ECCLES, M.A.P.H.I.
(Certified Meat and Food Inspector)

Mr. M. HUGHES, M.A.P.H.I.
(Appointed July 1965)
(Certified Meat and Food Inspector)

Student Public Health Inspector:

Mr. C. AVES
(Appointed September 1965)

Meat Inspectors:

Mr. M. COWAN
(Certified Meat Inspector)

Mr. W. KIND
(Appointed February 1965)
(Certified Meat Inspector)

Clerical Staff:

Mrs. P. D. BIRKHEAD

Mrs. M. DUTCH

Miss L. HAZELL

Rodent Officer:

Mr. H. A. SNAPES

Whelpley Hill Caravan Park Warden:

Mr. N. PRUDEN

PUBLIC HEALTH DEPARTMENT,
COUNCIL OFFICES,
HIGH STREET,
AMERSHAM,
BUCKS.

September, 1966

Tel: Amersham 565

To the Chairman and Councillors of the Amersham Rural District Council:

DEAR LADIES AND GENTLEMEN,

In presenting my first report to you I should first of all like to thank you for the honour of appointing me to this post and also to hope we shall have a long and happy association. I should also like to mention that as I commenced duties only in September 1965, most of the work for 1965 was actually carried out by my predecessor, but perhaps a few general remarks may be apposite as a preamble to the reports of future years.

The office of Medical Officer of Health originated, of course, in a burst of Victorian zeal during what is known as the "Sanitary Era". I am not sure how long an era is defined to last but there is every indication that the word "sanitary" has passed out of favour and now belongs to the nostalgic past together with curtain rings, gas lights and hansom cabs. We have now a new word "health", but even this has various meanings to different people. Health, in my opinion, should connote those services to persons and communities directed towards the promotion and maintenance of positive and complete mental and physical well-being but it has been commonly applied for instance in the case of the National Health Service to a service which is dominated largely by the remedial and curative services. Much is made of the tripartite nature of the N.H.S. but, in fact, it is bipartite comprising two rather unbalanced halves: on the one hand the community-care/personal health (health proper and general medical) services and on the other hand hospital therapeutic (or sickness) service.

It is becoming increasingly obvious, perhaps rather late in the day, that a redress of this imbalance must be made if there is to be any rational approach to an effective reduction of morbidity and mortality and a satisfactory standard of community care. The tendency has been in the past to think of the population as sharply divided into (i) the healthy active person and (ii) sick patients, with perhaps a third state—the convalescent patient—in between. Much of this has been due to our mental attitude, not only towards our own minds and bodies, but also towards the state of sickness in others. For instance fear of infectious diseases or mental illness is still prevalent. It thus follows that it is psychologically important to many people not to admit illness of any kind until a "break-down" occurs. Logically enough, if one is not ill one must be well, but modern surveys tend to show that so called well people are often far from well and that it is a matter of opinion whether they are regarded as "ill" or "well".

Many social customs reflect the same attitude. It is well known by the man or woman in-the-street that smoking is a highly risky habit, carrying a higher mortality from degenerative heart disease, cancer of the bronchus, chronic bronchitis and other diseases, yet smoking continues unabated. The value of whole-meal bread, fluoridated water, physical exercise and a slim figure are already thoroughly proven, but how many people act on this information or actually deny the scientific evidence available to them? Health educators may well be forgiven for wondering if the populace is interested in real health at all. Many people seem to prefer a fantasy world, faithful to the belief that, ostrich-like, "it cannot happen to me" but if it does there will always be a television-type doctor willing to see one safely under the anaesthetic or dramatically into the next world.

Fortunately in this country we are never short of "pressure groups" and it is partly to these that one looks for a healthier future. Although sometimes their aims are a little clouded by emotionalism, discontented people make the best reformers. The "difficult patient" or the "disgruntled parent" is often the subject of suspicion because there is always the sneaking fear that his grudge is possibly a just one. Some of those vociferously demanding better services for health education for pre-symptomatic detection of disease, for family planning, for better medical understanding of the physiological, psychological and sociological aspects of normal human life, will eventually become the Chadwicks and the Shaftesburys of the 20th century, or should I say Octavia Hills and Florence Nightingales, as many seem to be female?

Sir John Simon was one of their kind but within the profession. He was the first Medical Officer of Health to the City of London and later to the Board of Health and Privy Council. His memory is honoured today, but it should not be forgotten that in his day he was hounded out of office for his zeal, for the scientific approach, for local and professional independence and reform in health matters. Sir John retired prematurely in 1876. One wonders how he would have fared 90 years later.

In public health medical practice one has to think in terms of generations undergoing evolutionary development. Much the same is true of general medical practice. It is particularly heart-warming for one to note even initially, the common goals of those like-minded professional men who are interested in the local improvement of the general level of health of the community. Further advances will be made beyond the present accepted level of health but how long will this take? It is surely open to those of us medical men working *within* the community and responsible *to* the community to carry out a community-based health programme as soon as we can. But we need the medical personnel, the skills, the technicians and the tools equivalent to those at present available in the hospital service for different purposes. The community that really believes in the broader aspects of preventive medicine realises that it must be paid for. However, this expense is quite possibly considerably cheaper, in the long run, than therapeutic medicine. Such a com-

munity will be optimistic, outward-looking, generous and discard all fatalism and mystique in health matters. It will make provision for all the members of its society at all ages and not only during critical periods of breakdown. The aim will be to avoid crises by forward planning in health education and an extension of personal health counselling. The concept of "positive health" is not a fictitious ideal but a real unchangeable aim. We do not need to exchange our currency of ideas, every few years; what is needed is a determined conviction that the state of good health, particularly good mental health for all, can be achieved by an investment of work and money.

Treatment seldom improves the quality of life. Sir Francis Bacon saw the value of physicians "not wholly engrossed in the sordidness of cures". Cures nowadays are a great deal more sophisticated and acceptable to the patient than phlebotomy or the application of leeches. The basic position is still unaltered since Bacon's time. We need to help people maintain themselves and prevent them from making themselves into patients. For this reason the health physician can never be hospital based. We need to regard any cure, however technologically brilliant, as unnecessary and preventable just as every disease (except possibly ageing) is preventable at some stage. In Edward VIII's words "if preventable, why not prevent?"

Having learnt today to control much of the external physical environment it is now a matter for each of us to cultivate the internal environment of the body and the personality according to the best means and the best information available. This needs more personal responsibility in health and the more active involvement of people themselves.

In these favoured districts we have every opportunity to demonstrate that our social evolution is by no means complete. Continued progress can only be achieved through better health for all sectors of the community at all ages. What satisfied the last generation in regard to standards of health does not satisfy the next—values change but good health is always highly prized. There is no such thing as bad health.

The population of the Districts which I have the pleasure to serve totals 91,680. As Medical Officer of Health I regard my duties as much (if not more) to do with their mental health education as to do with their communicable diseases and physical health. In this second half of the 20th century there is an urgent need for a District Medical Officer of Mental and Social Health, just as there was a need for a Sanitarian M.O.H. in the mid-19th century. I shall do my best locally to fulfil the needs of the new epidemiology.

Yours sincerely,

B. H. BURNE.

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SECTION 1

GENERAL AND VITAL STATISTICS

1. GENERAL STATISTICS

Population	61,090
Area (acres) of district	...	...	...	...	...	46,233
Number of habitable houses 1st April, 1966	...	...	...	...	...	19,333
Rateable value of area 1st April, 1966	...	...	...	...	...	£2,891,506
Net product of a penny rate 1966/67 (est.)	...	...	...	...	...	£11,880

2. VITAL STATISTICS

(a) Live Births

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	530	544	1,074
Illegitimate	...	...	27	36	63
Total live births	...	...	557	580	1,137
Crude birth rate per 1,000 population	...	...			18.6
*Corrected birth rate per 1,000 population	...	...			18.24
(Comparability factor 0.98)					
Illegitimate live births per cent of total live births	...	...	...	...	5.5

(b) Still Births	...	...	...	...	...	11
Still birth rate per 1,000 live and still births	...	...	...	...	...	9.6
Total live and still births	...	...	...	...	...	1,148

(c) Deaths

Infant deaths (deaths under one year)	...	...	...	...	...	14
Infant mortality rate per 1,000 live births	...	...	...	...	...	12.3
Infant mortality rate per 1,000 legitimate live births	...	...	...	...	...	13.0
Infant mortality rate per 1,000 illegitimate live births	...	...	...	...	...	Nil
Neo-natal mortality rate (deaths under four weeks) per 1,000 total live births	...	...	...	...	...	8.8
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	...	...	...	...	...	8.8
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	...	...	...	...	...	18.3
Maternal deaths (including abortion)	...	...	...	...	...	Nil
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	Nil
Crude death rate per 1,000 population	...	...	...	...	...	8.9

*Corrected death rate per 1,000 population 8.9
(Comparability factor 1.00)

*The corrected birth and death rates are those which are obtained when the crude local rates are adjusted to make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales.

CAUSES OF DEATH

As will be seen from the following table the two principal causes of death were—diseases of the heart and circulatory system which caused approximately 47% of the deaths and cancer which caused approximately 24%. It will be seen that despite the popular appeal for cervical cytology there was only one death from cancer of the uterus. On the other hand there were 12 deaths from carcinoma of the breast. There were 30 deaths from carcinoma of the bronchus due mainly to smoking.

				<i>Males</i>	<i>Females</i>	<i>Total</i>
1.	Tuberculosis, respiratory	...	...	1	—	1
2.	Tuberculosis, other	...	...	—	1	1
3.	Syphilitic disease	...	...	—	1	1
4.	Measles	...	...	1	—	1
5.	Other infective and parasitic diseases...			1	—	1
6.	Malignant neoplasm, stomach	...		9	4	13
7.	Malignant neoplasm, lung, bronchus	...		27	3	30
8.	Malignant neoplasm, breast	...		—	12	12
9.	Malignant neoplasm, uterus	...		—	1	1
10.	Other malignant and lymphatic neoplasms	...	...	38	37	75
11.	Leukaemia, aleukaemia	...	...	1	—	1
12.	Diabetes	...	...	—	4	4
13.	Vascular lesions of nervous system	...		28	52	80
14.	Coronary disease, angina	...		68	42	110
15.	Hypertension with heart disease	...		3	3	6
16.	Other heart disease	...		14	29	43
17.	Other circulatory disease	...		8	9	17
18.	Pneumonia	...		23	22	45
19.	Bronchitis	...		8	7	15
20.	Other diseases of respiratory system	...		10	1	11
21.	Ulcer of stomach and duodenum	...		2	2	4
22.	Gastritis, enteritis, diarrhoea	...		2	1	3
23.	Nephritis and nephrosis	...		2	1	3
24.	Hyperplasia of the prostate	...		1	—	1
25.	Congenital malformations	...		—	1	1
26.	Other defined and ill-defined diseases	...		17	28	45
27.	Motor vehicle accidents	...		6	2	8
28.	All other accidents	...		4	7	11
29.	Suicide	...		2	—	2
				276	270	546

COUNTY OF BUCKINGHAM

Populations, Birth and Mortality Rates for the Year 1965

District	Population Census 1961	Reg. Gen. Estimated Population Mid-1965	Crude Birth Rate per 1,000 Population	Crude Death Rate per 1,000 Population	Tuberculosis Death Rate per 1,000 Population	Infant Mortality Rate per 1,000 Births	Neo-Natal Mortality Rate per 1,000 Births	Maternal Mortality per 1,000 Still-Births
URBAN								
Aylesbury	27,923	33,680	23.0 (776)	8.6 (289)	0.119 (4)	15.5 (12)	10.3 (8)	(—)
Beaconsfield	10,013	11,170	16.7 (187)	8.0 (89)	— (—)	16.0 (3)	10.7 (2)	(—)
Bletchley	17,095	22,110	23.2 (514)	7.0 (154)	— (—)	13.6 (7)	7.8 (4)	(—)
Buckingham	4,379	4,780	20.7 (99)	9.2 (44)	— (—)	30.3 (3)	30.3 (3)	(—)
Chesham	16,297	19,420	25.5 (496)	8.8 (171)	0.051 (1)	16.1 (8)	12.1 (6)	(—)
Eton	3,894	5,300	12.5 (66)	6.6 (35)	— (—)	45.5 (3)	45.5 (3)	(—)
High Wycombe	49,981	54,470	20.9 (1,141)	8.9 (485)	0.018 (1)	16.7 (19)	12.3 (14)	(—)
Marlow	8,724	9,700	24.0 (233)	8.8 (85)	0.206 (2)	8.6 (2)	8.6 (2)	(—)
Newport Pagnell	4,743	5,430	19.7 (107)	15.8 (86)	— (—)	— (—)	— (—)	(—)
Slough	80,781	85,620	19.6 (1,675)	7.6 (653)	0.047 (4)	9.0 (15)	7.2 (12)	1.18 (2)
Wolverton	13,113	13,150	18.3 (240)	10.8 (142)	0.076 (1)	4.2 (1)	4.2 (1)	(—)
TOTAL URBAN	241,082	264,830	20.9 (5,534)	8.4 (2,233)	0.049 (13)	13.2 (73)	9.9 (55)	0.36 (2)
RURAL								
Amersham	56,005	61,090	18.6 (1,137)	8.9 (546)	0.033 (2)	12.4 (14)	8.1 (10)	(—)
Aylesbury	33,336	35,800	17.2 (617)	10.8 (385)	— (—)	14.6 (9)	13.0 (8)	(—)
Buckingham	8,497	9,590	15.3 (147)	8.2 (79)	— (—)	27.2 (4)	13.6 (2)	6.80 (1)
Eton	66,932	70,490	17.0 (1,198)	8.3 (586)	0.028 (2)	20.9 (25)	15.0 (18)	(—)
Newport Pagnell	14,107	14,520	15.6 (227)	13.2 (191)	— (—)	22.0 (5)	17.6 (4)	(—)
Wing	9,083	9,520	18.2 (173)	9.9 (94)	— (—)	11.6 (2)	11.6 (2)	(—)
Winslow	7,939	8,700	20.5 (178)	12.8 (111)	— (—)	16.9 (3)	16.9 (3)	(—)
Wycombe	51,252	58,450	21.4 (1,248)	8.6 (500)	0.017 (1)	16.8 (21)	11.2 (14)	(—)
TOTAL RURAL	247,151	268,160	18.4 (4,925)	9.3 (2,492)	0.019 (5)	16.9 (83)	12.4 (61)	0.20 (1)
TOTAL COUNTY	488,233	532,990	19.6 (10,459)	8.9 (4,725)	0.034 (18)	14.9 (156)	11.1 (116)	0.28 (3)
ENGLAND & WALES	46,071,604	47,762,800	18.1	11.5	0.048	19.0	13.0	0.25

NOTE: In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parenthesis for the purpose of clearer comparison

SECTION II

GENERAL PROVISION OF HEALTH SERVICES

Hospital Services

The Amersham Rural District is situated in the area of the High Wycombe and District Management Committee of the Oxford Regional Hospital Board. The Medical Officer of Health is a member of the District Management Committee and the Amersham House Committee. He is also a member of the Post Graduate Medical Advisory Committee.

Hospitals Available for the District

Pulmonary Tuberculosis	—	Berks and Bucks Joint Sanatorium, Peppard Common
General	—	Chesham Cottage Hospital
„	—	Amersham General Hospital
„	—	Royal Bucks County Hospital, Aylesbury
„	—	War Memorial Hospital, High Wycombe
„	—	Chalfont and Gerrards Cross Hos- pital
Infectious Diseases	—	Aylesbury Isolation Hospital, Stoke Mandeville
Psychiatric	—	St. John's Hospital, Stone, Ayles- bury

Laboratory Facilities

Bacteriological laboratory facilities are provided by the Public Health Laboratories situated at Oxford, Luton and Watford.

Samples of water and sewage effluent for chemical analysis are sent to the Public Analyst, Southwark Borough Council.

Ambulance Services

These services are administered by the county health authority. The Amersham R.D.C. area is served by the Amersham and High Wycombe stations. (Telephone numbers Amersham 1154 and High Wycombe 21871 respectively.)

Education Act, 1944—School Health Service

The work of the School Health Service, administered from the Divisional Offices, Amersham, has continued to expand and diversify. A report of the Divisional School Medical Officer is contained in that for the Principal School Medical Officer. The Medical Officer of Health is School Medical Officer to Knotty Green Special School, Beaconsfield. Further details will be included in next year's report.

Mental Health Act, 1959

Mental Welfare Officers and Welfare Officers are available from the office of Mr. S. W. Cross, Area Mental Welfare Officer/Welfare Officer, Municipal Health Centre, The Rye, High Wycombe, and out of working hours via the Ambulance Service.

A County Junior and Senior Training Centre for subnormal adults and mentally handicapped children serves the locality in temporary premises at The Community Centre, Windsor Road, Pond Park, Chesham. The Medical Officer of Health is approved by the County Mental Health Authority to recommend action under various sections of the Mental Health Act.

Old People's Welfare Committees

(i) *Gerrards Cross, Chalfonts and District Old People's Welfare Committee*

The Honorary Secretary, Mrs. K. M. Dew, reported that all sections of the work had increased in their activities and the amount of help given had been increasing. The Visiting and Welfare Section now has 700 names on their books and these old people are constantly visited and cared for. The transport section was most active in driving medical cases to their various appointments and much pleasure had been given by the drivers who drove the old people to and from their holiday trips.

The Fund Raising Committee had done magnificent work during the year to remove any financial worries and although the voluntary workers had remained steadfast and unflagging in their efforts, owing to the normal loss of people leaving the district, fresh volunteers were always needed.

The Honorary Secretary praised the wonderful support received from so many organisations and individuals, without which they would have been unable to carry on.

(ii) *Amersham and District Old People's Welfare Committee*

The Chairman, Mrs. M. Dyson, reported that the Committee had continued its work of co-ordinating the help given to the elderly in the District. The W.V.S. Meals on Wheels Service continues to grow and the Luncheon Club organised by the Committee and supported by the W.V.S. now serves 20 people. The Visiting Service flourished and the Welfare Sub-Committee organised the distribution of a guide to the services available to elderly persons in Bucks, prepared by the Bucks Old People's Welfare Committee, with a specially prepared supplement applicable to the Amersham Rural District.

Five members of this Committee had formed with others an Abbeyfield Amersham Society and this Committee opened its first Abbeyfield Amersham House to house seven in Chesham Bois.

The Committee had given grants of £20 each to the two Evergreen and the Good Companions Club and had contributed over £70 to the Red Cross Chiropody Service, £200 to the Abbeyfield Amersham Society and £100 to Amersham United Charities.

CHILD WELFARE CENTRES

<i>Centre</i>	<i>Location</i>	<i>Sessions</i>	<i>Medical Office attends</i>
Amersham Old Town	British Legion Hall, Whielden Street	2nd and 4th Tuesday	2nd Tuesday
Amersham New Town	Community Centre, Woodside Road, Amersham-on-the-Hill	Each Tuesday	1st, 3rd and 4th Tuesday
Chalfont St. Giles	Memorial Hall	2nd and 4th Thursday	2nd Thursday
Chalfont St. Peter	Community Centre, Amersham Road	Each Friday	1st and 3rd Friday
Chartridge	Village Hall, Chartridge	3rd Thursday	Each Session
The Lee	Ballinger War Memorial Hall	1st Thursday	Each Session
Cholesbury-cum-St. Leonards	Village Hall, Cholesbury	2nd and 4th Thursday	4th Thursday
Great Kingshill	Village Hall	2nd Thursday	Each Session
Great Missenden	Memorial Hall, Station Approach	4th Wednesday	Each Session
Holmer Green	Village Centre	1st and 3rd Wednesday	Each Session
Little Chalfont	Little Chalfont Hall	1st and 3rd Monday	Each Session
Prestwood	Village Hall	2nd Wednesday	Each Session
Seer Green and Jordans	Baptist Schoolroom, Seer Green	1st and 3rd Thursday	3rd Thursday
Tyler Green and Penn	Parish Room, Tylers Green	2nd and last Wednesday	Last Wednesday

MIDWIFERY AND HOME NURSING SERVICE

Nature of the Arrangements in the Area

<i>Districts Served</i>	<i>Name, Address and Qualifications of Nurses</i>	<i>Telephone</i>
Amersham	Miss P. Harper, S.E.A.N., S.C.M.	Amersham
Amersham Common	Miss M. Inglis, S.R.N., S.C.M.	374
Chesham Bois	7 First Avenue, Amersham	
Coleshill	Mrs. M. A. Schofield, S.R.N., Q.N.	Chesham
Winchmore Hill	31 Penn Avenue, Chesham	2360
Little Chalfont	*Mrs. H. A. Clitherow, S.R.N.,	
Chalfont Village	67 Grimsdells Lane, Amersham.	
	*Mrs. G. M. Bickford, S.R.N., S.C.M.	
	Wilton Cottage, Kings Road, Chalfont St. Giles.	
Chalfont St. Giles	Miss M. D. Wright, S.R.N., S.C.M.	Chalfont
Seer Green	"Kampsie", Albion Road,	St. Giles
Jordans	Chalfont St. Giles	2221
Three Households		
Chalfont St. Peter	Miss M. E. Wright, S.R.N., S.C.M., Q.N.	Gerrards X
Kingsway	Miss T. Hammond, S.R.N., S.C.M., Q.N.	84030
Chorley Wood	1 and 3 Pennington Road, The Glebe,	Gerrards X
Austenwood	Chalfont St. Peter	84031
Common		
Gold Hill		

Lee Common The Lee Chartridge Ballinger Swan Bottom Potter Row Pednor Vale	Mrs. B. L. Fowler, S.R.N., S.C.M., Q.N. 17A Berkeley Avenue, Chesham	Chesham 4191
Ashley Green Whelpley Hill Ley Hill Lye Green Latimer and Chenies	†Miss M. Bly, S.R.N., S.C.M. Shenley Cottage, Ley Hill Chesham	Chesham 2838
St. Leonards Buckland Common Cholesbury Hawridge Bellingdon Ashridge The Vale (Chesham) Heath End	Miss M. G. Jones, S.R.N., S.C.M., Q.N. 27 Penn Avenue, Chesham	Chesham 4251
Prestwood Denners Hill Heath End Spurlands End Penn Tylers Green	†Miss H. M. E. Coulson, S.R.N., S.C.M., Q.N. Chestnut Cottage, Sixty Acres, Prestwood Miss I. M. Cobb, S.R.N., S.C.M., Q.N. 8 Rose Avenue, Hazlemere, High Wycombe	Great Missenden 2209 Penn 3327
Great Kingshill Little Kingshill Cryers Hill Highenden Valley	Miss R. Lovegrove, S.R.N., S.C.M., Q.N. 10 Fairfields, Great Kingshill, High Wycombe	Holmer Green 2001
Great Missenden Little Missenden Little Hampden Hyde Heath	†Miss J. D. Macdonald, S.R.N., S.C.M., Q.N. Nurse's Cottage, Rignall Road, Great Missenden	Great Missenden 2071
Holmer Green Beamond End Penn Street	Miss A. Duff-White, S.R.N., S.C.M., Q.N. 16 Hazel Road, Prestwood, Great Missenden	
†These nurses hold the Health Visitors' Certificate of the Royal Society of Health.		
*Part-time staff.		

HEALTH VISITORS

Amersham	Miss. E. Boyle Miss E. Jerrard Mrs. D. M. Morgan	} Ambulance Station, Woodside Road, Amersham
Great Missenden Chalfont St. Giles	Miss E. Jerrard Mrs. J. E. Engall	
Chalfont St. Peter	Mrs. J. Freeman Mrs. R. H. F. Dannily	} Ambulance Station, High Street, Chalfont St. Peter
Little Chalfont Holmer Green Beamond End	Miss M. J. Cummings Mrs. B. M. Dimond	
		The Health Centre, The Rye, High Wycombe

SECTION III

NATIONAL ASSISTANCE ACTS, 1948-1951

Section 47

Under this section when persons:—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

the local authority may apply to a court of summary jurisdiction or to a Justice of the Peace for an order to remove the person to a suitable place.

It was not necessary to take action under this section during the year.

In general it is felt preferable for persons of good mental state to be persuaded to accept more suitable care voluntarily. Most patients and relatives will accept the combined advice of both general practitioner and medical officer of health and can see the advantages of informal admissions and discharges.

Section 50

Under this Section the District Council has the duty to arrange for the burial of any person who has died in their area, if no suitable arrangements for the disposal of the body are being made. (Where the deceased has an estate the costs are recoverable.)

It was not necessary to take action under this section during the year.

SECTION IV

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Notification of Infectious Diseases

Cases of infectious diseases notified during the year are given below, together with comparative figures for 1964:—

	<i>Cases Notified</i>	
	1965	1964
Measles	569	717
Whooping Cough	19	112
Scarlet Fever	20	15
Pneumonia	11	15
Food Poisoning	1	1
Puerperal Pyrexia	3	2
Dysentery	6	1
Typhoid Fever	2	—
Paratyphoid Fever	1	—
<i>Tuberculosis</i>		
Pulmonary	7	6
Non-Pulmonary	4	4

Analysis of Notifiable Disease in Age Groups:—

		<i>Cases Notified</i>									
		<i>Total cases of all ages</i>	<i>under 1</i>	1	2	3	4	5-9	10-14	15-24	<i>25 and over</i>
Whooping Cough	...	19	1	1	2	4	4	6	1	—	—
Measles	... ...	569	22	47	72	103	86	204	23	7	5
Scarlet Fever	... ...	20	—	—	1	4	1	11	—	2	1

Measles

Measles is the most prevalent of the infectious diseases. In my opinion only an active measles vaccination programme will ever bring a decline in incidence. The figures show little biennial variation.

Whooping Cough

I am glad to notice a marked drop of pertussis cases and hope that parents will continue to avail themselves of the excellent cover which is available to protect their children by routine injections. Booster doses at the right time are most important.

Scarlet Fever

One wonders if it is worthwhile for this disease to be still notifiable. Scarlet fever is merely a scarlet rash which occurs in certain patients with tonsillitis. The organism involved is always susceptible to antibiotics like penicillin and the disease has lost much of its previous virulence.

Typhoid and Paratyphoid Fever

The two cases of typhoid fever and the single case of paratyphoid fever were all imported from abroad. It is interesting to note that this is a risk of travelling abroad on holiday or of living abroad for longer periods.

The case of paratyphoid was that of a grammar school girl, aged 16, who had had vague illnesses for some time and who had lived in Kenya and probably returned as a carrier of the organism *Salmonella Paratyphi B*; and she responded to treatment.

The two typhoid cases were:—

- (1) A little girl of 6 years old who had been in a party of family and friends on a touring holiday in Italy. The type of typhoid organism was found to be one first identified in Italy, Phage type D.1.
- (2) The second case was a young lady of 16 who had been on holiday with her family in Majorca, who became ill a week after her return. She was admitted to hospital out of the district, having had gastro-intestinal haemorrhage. Bacteriological tests showed the diagnosis to be typhoid fever and after specific treatment and blood transfusions she made a good recovery and was shown to be free of the organisms and she returned home. The rest of the family who had had T.A.B. immunisation did not acquire the typhoid organism.

Tuberculosis

The following table shows the new cases of tuberculosis and the deaths from the disease, arranged in age groups:—

Age-Groups in Years	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	1	—	—	—	—
15	—	—	—	1	—	—	—	—
25	1	—	—	—	—	—	—	—
35	—	1	—	—	—	—	—	—
45	2	1	—	1	—	—	—	—
55	—	1	1	—	—	—	—	—
65 & over	1	—	—	—	1	—	1	1
Total ...	4	3	1	3	1	—	—	1

IMMUNISATION AND VACCINATION

(a) Smallpox

It is now usual to give smallpox vaccination at the clinics to infants during the second year of life. The incidence of side effects from vaccination is lowest at this age. The total number of children vaccinated against smallpox is given below in age groups:—

	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-14 years	15 & over	Total
Vaccination	9	45	37	22	493	91	20	—	717
Re-vaccination	—	—	—	—	—	9	31	2	42
Total	9	45	37	22	493	100	51	2	759

(b) Tuberculosis

B.C.G. vaccination at about the age of 13 years and all immigrant school children is provided by the School Health Service. In the Amersham and Chesham Division it is pleasing to note that once again there was an excellent response from parents.

The B.C.G. vaccination is preceded by a tuberculin test which indicates whether the individual has in the past been infected with tuberculosis. Most of these infections are very mild and cause no definite symptoms. The number reacting to this test is a measure of the past exposure of these children to tuberculosis and in this context it is interesting to note the following figures:—

<i>Year</i>				<i>T.B. Positive</i>
1957	...	...	...	19.2 %
1958	...	...	...	14.1 %
1959	...	...	...	13.0 %
1960	...	...	...	10.5 %
1961	...	...	...	6.5 %
1962	...	...	...	3.6 %
1963	...	...	...	3.5 %
1964	...	...	...	5.0 %
1965	...	...	...	8.0 %

Those children who react strongly to this test are later ^{referred} offered to the County Chest Physician for further consideration and possibly radiological screening of the chest.

(c) Diphtheria

No cases of diphtheria were notified. This is an infection which is highly dangerous and liable to recur when the general state of immunity of the population falls too low. Protection is usually given together with tetanus vaccine or tetanus and whooping cough vaccine during the first few months of life and again on entry to school at five years of age.

(d) Poliomyelitis

Vaccination against polio may now be carried out orally at the same time as the injections mentioned above, i.e., about six months and again at five years of age. Oral polio vaccine produces a better level of immunity on the whole than that given by injected polio vaccine.

The actual number of children immunised with Triple Antigen is shown overleaf.

Whooping Cough, Diphtheria, Tetanus and Poliomyelitis

<i>Year of Birth</i>	<i>Primary Diphtheria/Tetanus</i>	<i>Primary Triple</i>	<i>Primary Quadratin</i>	<i>Reinforcing Dose</i>	<i>Primary Tetanus</i>	<i>Totals</i>
1965 ...	1	189	61	—	—	251
1964 ...	5	419	151	62	—	637
1963 ...	3	106	23	68	—	200
1962 ...	1	17	1	24	—	43
1961 ...	2	9	—	22	—	33
1960 ...	2	2	1	436	3	444
1959 ...	2	2	1	256	9	270
1958 ...	2	1	—	37	6	46
1957 ...	—	1	1	14	7	23
1956 ...	1	—	1	11	4	17
1955 ...	—	—	1	5	—	6
1954 ...	1	3	—	9	6	19
1953 ...	1	1	—	19	6	27
1952 ...	—	—	—	10	3	13
1951 ...	—	—	—	7	2	9
15 and over ...	—	—	—	5	5	10
Totals ...	21	750	241	985	51	2048

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

General Administration

The day to day inspection was maintained and routine visits were confined mainly to inspections under the Offices, Shops and Railway Premises Act, 1963. It is being claimed, in some quarters, that the inspections under the Act are not proceeding at a satisfactory pace but in this district every endeavour is being made to complete the initial inspections. Meat inspection again limited the amount of routine work which could be done.

Changes in staff also affected the number of inspections. One of the public health inspectors resigned in the summer and his successor resigned towards the end of the year. It takes quite a long time for a new inspector to find his way about in a rural district.

A trainee meat inspector was appointed in February and was successful in obtaining the Certificate in Meat Inspection of the Royal Society of Health in June and was duly appointed as a meat inspector. The other meat inspector resigned at the end of the year. Both of the above resignations were due to the high cost of housing in this district.

In September a student public health inspector was appointed and the approval of the Public Health Inspectors' Education Board was given to the Council's application for recognition as a training authority. Some of the training will be given by adjoining authorities and we are grateful for their co-operation.

The Council agreed to the appointment of a veterinary consultant, in accordance with the memorandum issued jointly by the Association of Public Health Inspectors and the British Veterinary Association but he was not due to take up his duties until the 1st April, 1966. The Council is very concerned over the number of pigs which are found to be dead on arrival or which die in the lairage and it is intended to fully investigate this matter. The veterinary consultant will also assist the Council under the Pet Animals Act and the Animal Boarding Establishments Act.

SUMMARY OF INSPECTIONS

General Sanitation

Water Supply	48
Drainage	471
Piggeries	18
Moveable Dwellings	316
Vermin	23
Factories (Power)	34
Factories (Non-Power)	9
Workplaces	3
Outworkers	10
Refuse Collection/Disposal	65
Public Conveniences	11
Clean Air Act	177
Hairdressers	20
Schools	7
Pet Animals	30
Offices, Shops and Railway Premises Act ...	370
Miscellaneous	227
	— 1,839

Housing

House Inspections (Public Health Act) ...	162
House Inspections (Public Health Act) Revisits	210
House Inspections (Housing Act)	112
House Inspections (Housing Act) Revisits ...	117
Rent Act	4
Housing Applications	152
Improvement Grants	592
Miscellaneous	176
	— 1,525
	136

Infectious Diseases

Meat and Food Inspection

Visits to Slaughterhouses	2,088
Other Unsound Food Inspections	200
Food Preparing Premises	55
Food Hygiene Visits (Retailers)	192
Food Hygiene Visits (Cafes, Hotels, Schools, etc.)	70
Dairies, etc.	8
Section 16, Food and Drugs Act	8
Licensed Premises	14
Miscellaneous	53
	— 2,688

Visits in Connection with Sampling

Milk	41
Water	175
Ice Cream	57
Liquid/Dried Egg	2
Swabs	51
Faeces	16
Rag, Flock	8
	— 350
	<u>6,538</u>

SUMMARY OF NOTICES SERVED

Public Health and Housing Acts

<i>Informal Notices:</i>			<i>Statutory Notices:</i>		
Served ...	...	25	Served ...	...	2
Complied with ...	...	19	Complied with ...	...	1

The day-to-day housing complaints were in the main dealt with by informal action and the following is a summary of the 26 defects remedied as a result of the above 19 informal notices which were complied with:—

Dampness abated ...	...	...	...	...	3
Drainage provided ...	...	...	...	...	1
Drains repaired, altered, renewed, or unblocked					11
Main water provided ...	...	...	...	...	1
New sink provided ...	...	...	...	...	1
Rainwater pipes renewed ...	...	...	...	...	1
Repairs to doors, windows, floors, skirting boards					2
Repairs to plaster ...	...	...	...	...	1
Repairs to roofs, walls, ceilings, chimneys					3
Water closet provided ...	...	...	...	...	2
					— 26

WATER SUPPLY

The Rickmansworth and Uxbridge Valley Water Company is the statutory undertaking which supplies water to the whole of the Council's district, with the exception of the parish of Cholesbury-cum-St. Leonards and a portion of the parish of The Lee, which are served by the Bucks Water Board. In addition to maintaining a satisfactory quality of water the water undertakings maintained a satisfactory pressure.

During the year the Rickmansworth and Uxbridge Valley Water Company carried out further extensions to their mains as follows:—

359 yards of 2 inch	378 yards of 6 inch
513 yards of 3 inch	2,429 yards of 9 inch
3,672 yards of 4 inch	

There were no extensions of the Bucks Water Board's mains during the year.

By far the greater amount of the work on water main extensions was to serve new development.

The following is a table showing the number of dwellings supplied with main water, either direct or by means of a standpipe at 31st December, 1965.

The estimates are based on an average of 3.2 persons per house throughout the area. Of those dwellings supplied with mains water by means of a standpipe almost all are caravans that are used as permanent residences, and the population in this case has been calculated on a basis of 2.5 persons per unit:—

<i>Parish</i>	<i>No. of houses with main water supply</i>		<i>Population supplied with main water</i>	
	<i>Direct</i>	<i>By Stand Pipe</i>	<i>Direct</i>	<i>By Stand Pipe</i>
Amersham	5,050	5	16,160	13
Ashley Green	240	4	768	10
Chalfont St. Giles	2,035	4	6,512	10
Chalfont St. Peter	3,959	23	12,689	58
Chartridge	434	75	1,389	184
Chenies	336	1	1,076	3
Chesham Bois	768	1	2,458	3
Cholesbury	274	50	878	125
Coleshill	303	4	967	12
Latimer	305	4	973	10
The Lee	218	5	698	14
Great Missenden	2,075	12	6,640	30
Little Missenden	1,345	6	4,304	15
Penn	993	2	3,178	5
Seer Green	530	—	1,696	—
Totals	18,865	195	60,386	492

Water Samples

During the year 51 samples of water were taken from the public mains, all of which were submitted for bacteriological examination and 16 were submitted for chemical analysis. The reports on these samples were all satisfactory, with the exception that two samples were bacteriologically unsatisfactory. These two samples were taken via the storage tank and advice was given to empty and clean the tank.

Copies of typical reports on the results of the chemical analyses are given in Appendix II to this Report.

126 samples were taken from other sources of water supply as follows:—

<i>Rainwater Tank</i>	<i>Bore Holes</i>
1	125

All these 126 samples were submitted for bacteriological examination and two were found to be unsatisfactory. One of these was the rainwater tank sample which serves a domestic dwelling where a public water main is not available. The occupier of these premises was advised to boil or otherwise effectively treat the water before using it for drinking or other domestic purposes. The other unsatisfactory sample was from a bore hole serving one of the slaughterhouses. Precautions were taken until a repeat sample proved to be satisfactory.

37 samples of water were taken from swimming pools and submitted for bacteriological examination. Most of these were taken at the request of the County Education Authority from pools at their schools. Four of the samples proved to be unsatisfactory and the pools concerned were put out of use until repeat samples proved satisfactory.

Drainage and Sewerage

The main centres of population at Amersham-on-the-Hill, Amersham Old Town, Chesham Bois, part of Little Chalfont, Chalfont St. Peter, Chalfont St. Giles, Seer Green, Jordans, Great Missenden, Prestwood, Holmer Green, Hazlemere, part of Penn Village, Chenies Village, part of Coleshill Village, and Chartridge Caravan Site are provided with public sewers.

At the end of the year a scheme for draining part of Burtons Lane and Long Walk, Little Chalfont, was in an advanced stage of construction.

During the year a scheme for draining Chalfont Heights Estate, Chalfont St. Peter, was completed and at the end of the year a contract was let for draining the unsewered parts of Little Chalfont.

Further schemes for extending the drainage system in the district are in the course of preparation for a number of areas including Mill Lane and Dodds Lane area, Chalfont St. Giles—Ley Hill and Orchard Leigh—Hyde Heath, South Heath, and Ballinger. A scheme for providing a relief sewer for Great Missenden to Amersham is also in course of preparation.

The majority of areas sewered are drained to the Misbourne Valley and then by deep gravity sewer to the West Hertfordshire Main Drainage Authority's works at Maple Cross for treatment. Other areas at the Rural District boundaries are drained into the sewerage systems of the adjoining Authorities. These are as follows:

Part of Knotty Green	—	draining to Beaconsfield U.D.C.
Hazlemere and part of Penn Village	—	draining to Wycombe R.D.C.
Heath End, Great Kingshill	—	draining via Wycombe R.D.C.'s sewers to High Wycombe M.B.C.
Part of Chesham Bois and part of Chartridge	—	draining to Chesham U.D.C.

At the present time 11 sewage pumping stations and 23 small sewage disposal works are maintained by the Council.

Cesspool Emptying Service

During the year 245 properties with cesspools were connected to the sewer and 43 new properties constructed with cesspools. The general demand on the service during the year has not decreased very much due to the continued modernisation of old houses and construction of new houses with cesspools.

Collection and Disposal of Refuse

The refuse collection service was maintained at weekly intervals except for a few occasions when, due to holidays, it extended slightly over a week. At Christmas a single ply paper sack was left at each house to accommodate some of the extra refuse that accumulated at this time. The service was appreciated by householders and helped in the more speedy collection of extra refuse after Christmas.

During the year 122 loads of bulky rubbish were removed from houses by special collections on Saturdays. A charge is made for this service. Additional refuse collected from roadside verges amounted to 26 loads and included 13 dead animals. 10 abandoned cars were removed from the public highway and 38 cars disposed of at their owner's request. A charge of £2 10s. 0d. is made for disposing of motor vehicles.

The total tonnage of refuse collected rose by 610 tons over last year's figures to 14,050 tons. This represents 12.8 cwts. per 1,000 persons per day. All refuse is tipped at the Council's London Road Depot and transferred by a Contractor to bulk loading vehicles and disposed of by controlled tipping.

HOUSING

The number of properties shown below controlled by the Council at the end of December, 1965, was 2,827 compared with December, 1964, when it was 2,817. The range of properties is as follows:—

Housing Accommodation

		<i>Dec., 1964</i>	<i>Dec., 1965</i>
Pre-War Council Houses	...	662	662
Post-War Council Houses	...	2,106	2,113
Prefabricated Bungalows	...	46	46
Other Properties ...	...	3	6
		<hr/> 2,817 <hr/>	<hr/> 2,827 <hr/>

At the 31st December there were approximately 1,250 applicants on the Council's housing list.

There is still no indication of a decrease in the use of the caravan as a permanent home mainly due to the continuing shortage of houses to let and the ever increasing cost of house purchase.

Housing (Financial Provisions) Act, 1958 (Discretionary Grants)

A further 21 formal Certificates of Approval to applications for improvement grants were issued for the improvement of 34 dwellings and the total amount of grant offered was £11,383. A summary of the applications approved since the inception of the provisions is given below:—

<i>Years</i>	<i>Applications</i>	<i>Total Grants</i>
1950 to 1955	114	£31,416
1956 to 1960	261	£66,391
1961	45	£11,931
1962	14	£2,962
1963	26	£7,791
1964	29	£9,503
1965	21	£11,383

House Purchase and Housing Act, 1959 (Standard Improvement Grants)

During 1965, 17 grants were approved for the improvement of 17 dwellings, the maximum total approved amounting to £2,493. During the year work was completed at 14 dwellings. In connection with seven of them the maximum grant was paid, and in respect of the remaining seven 50% of the actual cost of the work was paid (which was less than the maximum approved).

Despite the provisions of the Housing Act, 1964, whereby a tenant can make representations for the improvement of a dwelling, the number of applications for improvement grants is still disappointing, particularly in connection with the tenanted dwellings. Every encouragement is given to both owner/occupiers and landlords to take advantage of these provisions.

At the end of the year the Council declared its first improvement area under the Housing Act, 1964. The area is quite a small one consisting of 16 cottages, but others will follow in the coming year.

Rent Act, 1957

One certificate of disrepair was cancelled after being in operation for a long time.

Housing Act, 1957

Slum Clearance

The activities in this field were very limited during the year, mainly again because of the difficulty in rehousing the tenants of condemned properties. This difficulty arises because of the limited number of new houses built by the Council and because of the pressure of applicants on the waiting list.

Sub-standard dwellings are normally dealt with by individual demolition procedure and, whilst it is appreciated that the Council is under no legal obligation to rehouse displaced persons under this procedure, the moral obligation must be accepted because of the very limited rented accommodation. Nine dwellings were demolished during the year and a further five were closed.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

At the 31st December the number of site licences issued and current under the above Act was 55. The majority of these site licences are for one caravan. There are, however, three multiple sites and they were satisfactorily maintained.

The Council's own site at Whelpley Hill, where there are 96 standings was well maintained and during the year the waiting list showed little variation in numbers. Vacancies, as they arise, are filled by the Department.

The occupier of a site which was not licensed was prosecuted under section 1 of the Caravan Sites and Control of Development Act, 1960, and was convicted. A fine of £10 0s. 0d. was imposed.

In the report for the year 1964 it was stated that the demand appeared insufficient for providing a caravan site exclusively for gypsies and other itinerant travellers but this matter continued, from time to time, to engage the attention of the Council. Enquiries were made of all authorities bordering this rural district and the general consensus of opinion was that the problem of the individual authorities was very small. They were asked whether we could expect financial assistance if we provided a site and the replies were far from encouraging. Nevertheless, it was agreed that every endeavour be made to find a site suitable for 10-12 caravans.

RODENT INFESTATION AND DESTRUCTION

The Council continued the policy of undertaking contracts in respect of agricultural land and business premises, the number of contracts at the 31st December was 86, and covered 77 agricultural properties and 44 business premises. The contract, in all cases, is for one year with a minimum of four treatments.

A summary of the work done is given below:—

No. of premises inspected for rats, mice, and glis-gliss	...	...	...	...	...	...	1,012
No. of treatments to private premises for rats and mice	...	...	...	...	...	...	352
No. of treatments to business premises for rats and mice	...	...	...	...	...	...	30
No. of treatments to premises under contract for rats and mice	...	...	...	...	...	...	517
No. of wasps' nest destroyed	...	...	...	...	...	...	168
No. of glis-gliss caught	...	...	...	...	...	...	9

There was an increase in the number of wasps' nests destroyed from 32 in 1964 to 168 in 1965. Although not a statutory duty under the Prevention of Damage by Pests Act, 1949, the Council has agreed to undertake the work on a pre-payment basis as no other service is available to the ratepayers.

SECTION VI

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1955

Milk and Dairies (General) Regulations, 1959

(i) The Bucks County Council, as the Food and Drugs Authority, samples milk produced on farms in this district. These samples are sent for bacteriological examination primarily for tubercle bacilli, but the examination also reveals the presence of brucella organisms. When such organisms are isolated the District Medical Officer of Health is informed. During the year no such reports were received.

(ii) The number of complaints of dirty milk bottles showed a slight increase and this was more likely to be due to the vigilance of the consumer rather than to a deterioration in supervision at the bottling establishments.

Milk Sampling

41 Samples of pasteurised milk were obtained and subjected to the methylene blue and phosphatase tests and two of the samples failed the methylene blue test. These were followed up and repeat samples proved satisfactory.

Miscellaneous Sampling

Ice Cream

51 samples were submitted for bacteriological examination and the results were as under:—

	Grade 1	Grade 2	Grade 3
SATISFACTORY	48	2	—
UNSATISFACTORY	—	—	1

Although the above grading is only a provisional one, the Grade 3 sample was considered to be unsatisfactory but a repeat sample proved to be satisfactory.

Liquid Egg

Eight samples of liquid egg were submitted for bacteriological examination and the results were satisfactory.

Food Hygiene (General) Regulations, 1960

The inspectors continued their routine inspections of premises which are subject to the above Regulations and informal notices were served in cases where a contravention of the Regulations was found.

231 visits were made to all types of premises where food is prepared, stored or sold for human consumption. This shows a reduction on the number of visits during 1964 and was due to the increased number of visits under the Offices, Shops and Railway Premises Act, 1963.

Utensil Swabs

49 sets of utensil swabs were taken at various kitchens of canteens, cafes, hotels, etc. These swabs, which are provided by the Public Health Laboratory, are wiped round cups and plates which have been washed. The swabs are then placed in a sterile bottle and sent to the Laboratory for bacteriological examination.

In 10 cases adverse reports were received. In these cases a further visit was made to the premises concerned to thoroughly examine the washing apparatus and the technique adopted. Invariably a repeat of the tests shows considerable improvement.

Section 2 and 8

The number of complaints of food which was alleged to be unfit and of foreign bodies found in foodstuffs increased due probably to the increased demand of the consumer for food which is wholesome and free from foreign bodies. The complaints included mould in bread and in confectionery; part of a paper bag and string in bread; ants in fruit pie; glass in jar of jam; a fly and worms in frozen fish; thistle head in tin of peas; string in sausages; fibre, starch, and oil in currant bun; hessian in corned beef; two hairpins and charred paper in milk bottles; and tainted tetra pack carton of milk.

Legal proceedings were instituted under section 2 of the Food and Drugs Act, 1955, in connection with two of the complaints. One in respect of foreign objects (hairpins) in a bottle of milk and the other in respect of a foreign substance in a currant bun. Fines of £15 0s. 0d. and £10 0s. 0d. respectively were imposed.

In connection with all complaints the retailer or the manufacturer or both are invited to examine the article and to submit a report before the matter is considered by the Council. The Council takes a very serious view of all complaints concerning foodstuffs and the action to be taken is determined according to the circumstances of each individual case. The complainants are notified of the Council's decision and are thanked for bringing the complaints to the notice of the department.

Section 16

There was a further increase in the number of premises registered under this section and at the end of the year 170 premises were registered as follows:—

For the manufacture, sale or storage of ice cream ...	147
For the manufacture, sale or storage of ice cream and for the preparation and manufacture of sausages and preserved foods	4
For the preparation and manufacture of sausages and preserved foods	18
For cooking chicken	1
	<hr/>
	170
	<hr/>

Meat Inspection at Slaughterhouses

The following table gives details of the number of animals slaughtered at the two bacon factories, and one private slaughterhouse, together with details of the post-mortem inspection:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
No. killed and inspected	910	535	1,643	1,305	114,725
<i>All diseases except tuberculosis</i>					
Whole carcasses condemned	2	6	14	4	199
Carcasses of which some part or organ was condemned	154	180	18	57	18,156
Percentage of the number inspected affected with disease other than tuberculosis	17.1%	34.6%	1.95%	4.67%	16.0%
<i>Tuberculosis only</i>					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	—	—	—	—	4,564
Percentage of the number inspected affected with tuberculosis	—	—	—	—	3.98%

The total amount of meat condemned at these slaughterhouses was 39 tons 12 cwts. 3 qrs. 10 lbs. and the total amount of offal condemned was 17 tons 19 cwts. 0 qrs. 14 lbs.

The condemned meat and offal and other non-edible parts from the slaughterhouse operations are removed by a contractor and are used for the manufacture of soap or for animal feeding stuffs.

Other foodstuffs condemned:

Poultry	...	1,041½ lbs.	Jam	...	1 jar
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Tinned goods condemned:

Vegetables	4,299 tins	Milk	...	2,176 tins
Fruit	... 1,165 tins	Fish	...	8 tins
Meat	... 1,843 tins	Soup	...	1,864 tins

The 1,041½ lbs. of poultry was voluntarily surrendered at a poultry packing establishment and by far the greater proportion of tinned goods was voluntarily surrendered at a wholesale grocer's premises. The condemned poultry and condemned food was removed, under supervision, to the Council's depot for disposal.

Slaughterhouses Act, 1958

The licences in respect of the two bacon factories, the mixed slaughterhouse, and the rabbit slaughterhouse, were renewed.

Slaughter of Animals Act, 1958

The number of slaughtermen's licences renewed was 19.

Pet Animals Act, 1951

Number of licences renewed 3.

Animal Boarding Establishments Act, 1963

The number of licences issued during the year was 11.

Reference is made earlier in the report to the appointment of a veterinary consultant to assist the department under the above two Acts and he will be commencing his duties on the 1st April, 1966.

Game Act, 1831

Number of licences renewed 10.

Clean Air Act, 1956

(i) We are continuing to co-operate with the Warren Spring Laboratory in the national survey of air pollution by means of the sampling instrument at Prestwood School. Air is drawn into this apparatus and filtered through filter paper to extract the smoke and other airborne particles and then bubbled through bottles containing a solution of hydrogen peroxide. The density of the smoke stains on the filter paper is then read on a reflectometer; the acidity of the solution in the bottles is determined and the figures recorded and submitted to the Warren Spring Laboratory who publish quarterly summaries for the whole of the country. The purpose of the survey is a national evaluation of air pollution by smoke and sulphur

dioxide so as to increase knowledge of factors affecting pollution and the best means to control it.

(ii) Applications for prior approval for the installation of new boilers were received in respect of two premises and approval was given in each case subject to a minimum chimney height calculated in accordance with the memorandum issued by the Ministry of Housing and Local Government.

Offices, Shops and Railway Premises Act, 1963

Further applications were received for registration under this Act and the following statistics were included in the annual report to the Ministry of Labour:—

	<i>No. of Premises Registered at 31st December, 1965</i>	<i>No. of Persons Employed at 31st December, 1965</i>
Offices	116	881
Retail Shops	274	1,113
Wholesale Shops, Warehouses	7	194
Catering Establishments open to the Public, Canteens ...	35	251
Fuel Storage Depots	3	9
	435	2,448

The total of 2,448 employees consisted of 1,097 males and 1,351 females.

222 registered premises received a general inspection during the year and 370 other visits were made, making a total of 592 visits of all kinds.

154 informal notices were served.

Petroleum (Regulations) Acts, 1928 and 1936

Number of licences renewed 113.

A total of 132 inspections were made under the Regulations as against 178 for the previous year.

Rag, Flock and other Filling Materials Act, 1951

Number of premises registered 1.

Samples of filling materials were obtained for analysis and were found to be satisfactory.

Bucks County Council Act, 1957

Under section 52 of the above Act, all persons carrying on the business as a Hairdresser or Barber's Shop are required to register with the local authority and the number of persons and premises registered at 31st December was 45.

B. H. BURNE, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.
Medical Officer of Health
F. G. CAUDERY, F.A.P.H.I., M.R.S.H.
Chief Public Health Inspector

APPENDIX I—

FACTORIES ACT, 1961 **Part I of the Act**

1. INSPECTION for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i>	<i>Number on Register (2)</i>	<i>Number of</i>		
		<i>Inspections (3)</i>	<i>Written Notices (4)</i>	<i>Occupiers Prosecuted (5)</i>
(1)				
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authority	6	9	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	134	34	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	6	3	—	—
Totals	146	46	3	—

2. Cases in which DEFECTS were found:—

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>To H.M. Inspector</i> (4)	<i>Referred By H.M. Inspector</i> (5)	
<i>Sanitary Conveniences (S.7)</i>					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	2	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Total	3	1	—	—	—

PART VIII OF THE ACT
Outwork
(Sections 133 and 134)

<i>Nature of Work</i> (1)	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of Outworkers in August list required by Section 133 (1) (c)</i> (2)	<i>No. of cases of default in sending list to the Council</i> (3)	<i>No. of prosecutions for failure to supply lists</i> (4)	<i>No. of instances of work in unwholesome premises</i> (5)	<i>Notices Served</i> (6)	<i>Prosecutions</i> (7)
Wearing Apparel: Making, etc., Cleaning and Washing	192	—	—	—	—	—
Brush Making	—	—	—	—	—	—
Textile Weaving	25	—	—	—	—	—
Total	217	—	—	—	—	—

N.B.—Of the total of 217 shown in column (2) only 38 of the outworkers were resident in the area of the Amersham R.D.C. The appropriate local authorities were notified of the remaining 179 outworkers. With regard to column (3) the employers in this district who employ outworkers invariably have to be reminded of their obligation to submit the list of outworkers.

APPENDIX II———

WATER SUPPLY

Chemical Analyses

The following are copies of the Analyst's reports on the examination of samples from the four different sources of main water:—

15th Sept., 1965 Ref. M.122	Sample from tap at: The Shelter, Ashley Green	(Rickmansworth and Uxbridge Valley Water Company's supply)
15th Sept., 1965 Ref. M.123	Sample from tap at: White Gables, Swan Bottom, The Lee	(Bucks Water Board's supply)
15th Sept., 1965 Ref. M.124	Sample from tap at: Old Jordans Hostel, Jordans Lane, Jordans	(Rickmansworth and Uxbridge Valley Water Company's supply)
15th Sept., 1965 Ref. M.125	Sample from tap at: No. 30 Cavendish Close, Amersham	(Rickmansworth and Uxbridge Valley Water Company's supply)

Sample Reference Nos.

			M.122	M.123	M.124	M.125
Appearance	...	...		All clear and colourless		
Reaction (pH)	...	...	7.1	7.1	7.1	7.0
			Parts per Million			
Free Chlorine	...	...	Nil	Nil	Nil	Nil
Total Solids	...	...	380	366	374	320
Loss on Ignition	...	...	—	—	—	—
Chlorine in Chlorides	...	...	16	18	17	15
Ammoniacal Nitrogen	...	...	Nil	Nil	Nil	Nil
Albuminoid Nitrogen	...	...	Nil	Nil	Nil	Nil
Nitrate Nitrogen	...	...	4.4	3.0	3.0	2.5
Nitrite Nitrogen	...	...	Nil	Nil	Nil	Nil
Oxygen absorbed from per- manganate (3 hrs. @ 98°F.)			0.5	0.2	0.5	0.2
Hardness, Temporary	...	...	227	237	257	255
Permanent	...	...	33	21	22	20
Total	...	...	260	258	279	275
Metals—Lead, Copper, Zinc				—Not found—		

The Public Analyst is of the opinion that the water is of high chemical and bacteriological purity and suitable for drinking and domestic purposes.

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